PTO/SB/21 (09-04)
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Total Number of Pages in This Submission

Application Number	10/613,329
Filing Date	07/03/2003
First Named Inventor	Navarro
Art Unit	3727
Examiner Name	Watson
Attorney Docket Number	MAEST-63843

			ENCLOS	URES (Check all	that apply	()
Fee Transmitta	al Form		Drawing	(s)		After Allowance Communication to TC
Fee At	tached	Licensing-related Papers			Appeal Communication to Board of Appeals and Interferences	
Amendment /	Reply		Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply
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37 CF	FR 1.52 or 1.53					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Firm Name	Fulwider Patton Lee	& Utech	it, LLP			
Signature Knowld N. Sommers						
Printed name Howard N. Sommers						
Date	August 10, 2005				Reg. No.	24, 138

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Date

August 10, 2005

Koward N. Somme

Howard N. Sommers

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Applicant claims small entit

Fees pursuant to the Consolidated Appropriatons Act, 2005 (H.R.	Complete if Known			
·	Application Number	10/613,329		
FEE TRANSMITTAL	Filing Date	07/03/2003		
for FY 2005	First Named Inventor	Navarro		
	Examiner Name	Watson		
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	3727		
				

TOTAL AMOUNT OF P	ATRICITI	(9)	\$225.00	Attorney Docket	No. Miles	1-03643	
METHOD OF PAYMEN	T (check al	that apply)			, and the second se		
Check Credit C	Card	Money Order	☐ None	e D Other	(please identify):		
Deposit Depo	sit Account	Number:	06-2425	Deposit A	ccount Name:	Fulw	ider Patton
For the above-identified of	deposit accou	ınt, the Director	is hereby au	thorized to: (check a	II that apply)		
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FEE CALCULATION							
1. BASIC FILING, SEARC					**********	TION 5550	
	FILING	-EES Sma <u>ll Entity</u>	SEAR	CH FEES Small Entity	EXAMINA	ATION FEES Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)		Fee (\$)	Fee (\$)	Fees Paid(\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							Small Entity
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (include	ding Reissu	es)				50	25
Each independent claim ov	er 3 (inclu	ding Reissues	s)			200	100
Multiple dependent claims						360	180
			_				Dependent Claims
Total Claims	<u>Extra</u>	Fee (\$	-	Fee Paid (\$)		<u>Fee (\$)</u>	Fee Paid (\$)
- 20 or HP = HP = highest number of total of				\$0.00			
Indep. Claims	Extra	r, ii greater tilar Fee (\$)		Fee Paid (\$)			
3 or HP =		×	-	\$0.00			
HP = highest number of indep	endent claims	s paid for, if grea	ater than 3.				
3. APPLICATION SIZE FE							A. P.P
If the specification and drag 37 CFR 1.52(e)), the applic See 35 U.S.C. 41(a)(1)(G)	cation size f	ee due is \$25	or paper (6 0 (\$125 for	small entity) for ea	ach additional	50 sheets or fr	action thereof.
Total Sheets	Extra Sh	• •	Number of e	ach additional 50 o	r fraction there	of <u>Fee (\$)</u>	Fee Paid (\$)
- 100 =	0	/ 50	0	(round up to	a whole	× _\$125.00	
4. OTHER FEE(S)							Fee Paid (\$)
Non-English specification,)			
Other (e.g., late filing surch	narge): 2 m	onth Extension	n ree				\$225.00

SUBMITTED BY						
Signature	Kowael	N. Sommes	Registration No. (Attorney/Agent)	24,138	Telephone	310-824-5555
Name (Print/Type)	Howard N. Sommers			Date	August 10, 2005	

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